

CHILD ANNUITANT'S SCHOOL CERTIFICATION

Form Approved
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The public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0730-0001), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.

RETURN COMPLETED FORM TO: DFAS-DE/FRB, 6760 EAST IRVINGTON PLACE, DENVER, CO 80279-6000.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 2774; 10 U.S.C., Chapter 73; E.O. 9397.

PRINCIPAL PURPOSE(S): To determine the continued eligibility of a Survivor Benefit Plan (SBP) and Reserve Component Survivor Benefit Plan (RCSBP) child annuitant once the child has reached age 18 and must attend school full-time to continue receiving the annuity. The Survivor Benefit Division of the Defense Finance and Accounting Service (DFAS) uses the information to release funds.

ROUTINE USE(S): The information may be disclosed to the Social Security Administration, Department of Veterans Affairs, or Department of Justice for current status of child or for prosecution.

DISCLOSURE: Voluntary; however, if DFAS does not receive this information, annuity payments stop. **NOTE:** Disclosure of the Social Security Number is voluntary; it is used to identify the annuitant.

WARNING

Penalty for presenting false claims or making false statements in connection with claims: Fine of not more than \$10,000 or imprisonment for not more than 5 years, or both (18 U.S.C. 1001).

SECTION I - IDENTIFICATION INFORMATION

1. MEMBER'S SSN	2. MEMBER'S NAME (Last, First, Middle)
3. ANNUITANT'S SSN	4. ANNUITANT'S NAME (Last, First, Middle)

5. IF UNDER AGE OF MAJORITY, NAME OF LEGAL REPRESENTATIVE

SECTION II - STUDENT'S CERTIFICATION (To be completed by child annuitant)

A separate certification will be required for each term/semester in which the school year is divided. Payments to students continue during an interval between school terms/semesters that does not exceed 150 days if they demonstrate to the satisfaction of the DFAS Center that they have a bona fide intention of resuming or continuing a full-time course of study or training. Failure to provide a completed certification form may result in suspension of the annuity.

Please complete this section and have Section III and Section IV (on back) completed by a school official. **NOTE: School official may not certify attendance any earlier than 30 days prior to the end of the school semester.** Return all sections of this form to DFAS-DE/FRB, 6760 East Irvington Place, Denver, CO 80279-6000.

6. DATE OF BIRTH (YYYYMMDD)	7. ARE YOU MARRIED? (X one. If YES, attach copy of marriage certificate.)
	<input type="checkbox"/> YES <input type="checkbox"/> NO

8. ARE YOU CURRENTLY ATTENDING SCHOOL FULL TIME? (X one. NOTE: If on semester break, X "NO".)
<input type="checkbox"/> YES (Complete Items 9 and 10 or 9 and 11.) <input type="checkbox"/> NO (Go to Item 12.)

9.a. NAME OF SCHOOL	b. ADDRESS (Include ZIP Code)	10. IF HIGH SCHOOL, EXPECTED DATE OF COMPLETION (YYYYMMDD)
		11. IF OTHER THAN HIGH SCHOOL:
c. TELEPHONE NO. (Include Area Code)		a. DATE TERM/SEMESTER BEGAN (YYYYMMDD)
		b. DATE TERM/SEMESTER ENDS (YYYYMMDD)
		(Go to Item 15)

12. IF NOT CURRENTLY ATTENDING SCHOOL FULL TIME:	13. IF HIGH SCHOOL, DATE OF COMPLETION (YYYYMMDD)
a. NAME OF LAST SCHOOL ATTENDED	14. IF OTHER THAN HIGH SCHOOL:
b. ADDRESS (Include ZIP Code)	a. DATE TERM/SEMESTER BEGAN (YYYYMMDD)
	b. DATE TERM/SEMESTER ENDED (YYYYMMDD)
c. TELEPHONE NO. (Include Area Code)	(Go to Item 15)

15. DO YOU PLAN TO ATTEND SCHOOL FULL TIME DURING THE NEXT 150 DAYS? (X one)
<input type="checkbox"/> YES (Complete Items 16 through 19.) <input type="checkbox"/> NO (Complete Items 18 and 19.)

16.a. NAME OF SCHOOL	b. ADDRESS (Include ZIP Code)	17a. DATE TERM/ SEMESTER WILL BEGIN (YYYYMMDD)	b. DATE TERM/ SEMESTER WILL END (YYYYMMDD)
c. TELEPHONE NO. (Include Area Code)			

18. SIGNATURE OF ANNUITANT OR LEGAL REPRESENTATIVE

**REMEMBER TO OBTAIN
SCHOOL OFFICIAL'S CERTIFICATION**
(on back)

19. DATE SIGNED

SECTION III - SCHOOL OFFICIAL'S CERTIFICATION OF CURRENT ATTENDANCE <i>(This section MUST be completed by a school official.)</i> (NOTE: School official may not certify attendance earlier than 30 days prior to the end of the school semester.)			
20. IS THE STUDENT ENROLLED IN A FULL-TIME COURSE OF RESIDENT STUDY OR TRAINING? <i>(Correspondence course does not qualify. A full-time course of study is a student enrolled on a full-time basis for the entire semester or quarter. If child is not attending full-time, mark "NO".)</i>			
<input type="checkbox"/>	YES <i>(Sections III and IV must be completed)</i>		<input type="checkbox"/>
			NO <i>(See Section IV for past attendance)</i>
21. DATE PRESENT SCHOOL TERM		22. TYPE OF EDUCATIONAL INSTITUTION <i>(X one)</i>	
a. BEGINS <i>(YYYYMMDD)</i>	b. ENDS <i>(YYYYMMDD)</i>	<input type="checkbox"/>	HIGH SCHOOL
		<input type="checkbox"/>	OTHER THAN HIGH SCHOOL
SECTION IV - SCHOOL OFFICIAL'S CERTIFICATION OF PAST ATTENDANCE <i>(This section MUST be completed by a school official.)</i>			
<input type="checkbox"/>	23. STUDENT ATTENDED HIGH SCHOOL. GRADUATION DATE <i>(YYYYMMDD):</i>		
<input type="checkbox"/>	24. STUDENT ATTENDED SCHOOL OTHER THAN HIGH SCHOOL FULL-TIME FOR THE ENTIRE TERM THAT ENDED APPROXIMATELY <i>(YYYYMMDD):</i>		
<input type="checkbox"/>	25. STUDENT DID NOT ATTEND SCHOOL. TO THE BEST OF YOUR KNOWLEDGE THE LAST DAY THE STUDENT ATTENDED SCHOOL FULL-TIME WAS <i>(YYYYMMDD):</i>		
26. SCHOOL OFFICIAL			
a. NAME <i>(Last, First, Middle Initial)</i>		b. TITLE	c. TELEPHONE NUMBER <i>(Include Area Code)</i>
d. SIGNATURE		e. DATE SIGNED	
27. REMARKS			